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| Application Number                      | 10/682,085   |  |  |  |  |  |
| Filing Date                             | 10/10/2003   |  |  |  |  |  |
| First Named Inventor                    | Chih-Hsiung LIN                                      |  |  |  |  |  |
| Title                                   | Palm-size game case                                  |  |  |  |  |  |
| Art Unit                                | 2836   |  |  |  |  |  |
| Examiner Name                           |  |  |  |  |  |  |
| Attorney Docket Number                  | FP9790   |  |  |  |  |  |

| I hereby revoke all previous powers of attorney given in the above-identified application.  |  |  |                     |              |           |               |   |  |
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| Leong C. LEI  |  |  | 50402               |              |           |               | ĺ |  |
|   |  |  | ,                   |              |           |               | t |  |
|   |  |  |                     |              | 1         |               |   |  |
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| I am the:  Applicant/inventor.  |  |  |                     |              |           |               |   |  |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  |  |  |                     |              |           |               |   |  |
| SIGNATURE of Applicant or Assignee of Record  |  |  |                     |              |           |               |   |  |
| Signature   | / IN CHIH - HSIUN                        |  | UNG                 |              | Date      | April 7, 2005 |   |  |
| Name  | Chih-Hsiung LiN                          |  |                     | 1            | relephone | L             |   |  |
| Title and Company   |  |  | _                   |              |           |               |   |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |  |                     |              |           |               |   |  |
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